

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

05-12-2003 90214 032 ***550.00

DOCUMENT # **P94000073077**

1. Entity Name

PRO TECH COMMUNICATIONS, INC.

Principal Place of Business

**4492 OKEECHOBEE RD.
ORANGE BLOSSOM MALL
FT. PIERCE FL 34947**

Mailing Address

**4492 OKEECHOBEE RD.
ORANGE BLOSSOM MALL
FT. PIERCE FL 34947**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3281593**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James J. Owen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/21/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **RICHARD HENNESSEY**
CITY-ST-ZIP **5410 W ECHO PINES CIR
FT PIERCE FL**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Hammond, Cy**
CITY-ST-ZIP **20 Ketchum Street
Westport, CT 06880**

TITLE ☐ Delete
NAME **COBD**
STREET ADDRESS **LARKIN, KEITH**
CITY-ST-ZIP **2800 NORTH A1A
FORT PIERCE FL 34949**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Lebovics, Irene**
CITY-ST-ZIP **20 Ketchum St
Westport CT 06880**

TITLE ☒ Delete
NAME **V**
STREET ADDRESS **BROWN, DAVID A**
CITY-ST-ZIP **3317 SE WEST SNOW RD
PORT SAINT LUCIE FL 34984**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Parrella, Michael**
CITY-ST-ZIP **20 Ketchum St
Westport CT 06880**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **KIRVEN, DEBRA**
CITY-ST-ZIP **4492 OKEECHOBEE RD
FORT PIERCE FL 34947**

TITLE ☒ Change ☐ Addition
NAME **T**
STREET ADDRESS **Kirven, Debra**
CITY-ST-ZIP **20 Ketchum St
Westport, CT 06880**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **MELNICK, MARK**
CITY-ST-ZIP **20 KETCHUM ST
WESTPORT CT 06880**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Debra Kirven **BEQUIRED** **Debra Kirven**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/03

Date:

(203) 226-4447 x3514

Daytime Phone #

0143312 AT

CR2E034 (4/03)